

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
WESTERN DIVISION**

Courtney J. Huse,

3:19cv2935

Plaintiff,

v.

ORDER

Andrew Saul,
Commissioner of Social Security,

Defendant.

This is an appeal from the denial of Social Security benefits. The Honorable Magistrate Judge David A. Ruiz has issued a Report and Recommendation, recommending that I deny the plaintiff's petition. (Doc. 15). Plaintiff, Courtney J. Huse, has filed objections (Doc. 16).

For the following reasons, I overrule Mrs. Huse's objections and I approve and adopt in part and reject in part Magistrate Judge Ruiz's Report and Recommendation. Nevertheless, I deny Plaintiff's claim.

Discussion

Mrs. Huse has stated only a single objection: that the ALJ improperly failed to identify her "gastrointestinal issues" as a medically determinable impairment. (Doc. 9, pgID 1138). Her argument is meritless.

Mrs. Huse's description of her condition as gastrointestinal issues is vague enough that it allows her to assert that the ALJ failed to consider her condition a medically determinable issue.

She argues that, as a result, the ALJ erred in not including limitations related to it in her RFC.

Her argument, however, mischaracterizes her medical condition and the ALJ's opinion.

Mrs. Huse's focus is on the urinary symptoms she suffers. As the ALJ recognized, (Doc. 9, pgID 68-69), Mrs. Huse's complaints are urinary incontinence, frequency, and urgency, as well as abdominal pain. *See* (Doc. 16, pgID 1139). An impairment that the ALJ found severe: pudendal neuralgia, caused those symptoms.¹ (Doc. 9, pgID 68-69).

“Pudendal neuralgia is long-term pelvic pain that originates from damage or irritation of the pudendal nerve – a main nerve in the pelvis. <https://www.nhs.uk/conditions/pudendal-neuralgia/>. “The pudendal nerve supplies areas including the: “lower buttocks, area between the buttocks and genitals (perineum), area around the anus and rectum, vulva, labia and clitoris in women [and the] scrotum and penis in men.” *Id.* Pudendal neuralgia causes symptoms, including “needing to go the toilet frequently or suddenly” and abdominal pain. *Id.*

Thus, Mrs. Huse is mistaken when she asserts that the ALJ found her urinary condition not to be medically determinable. Indeed, the only citation that she gives for that assertion is to one reviewing state-agency physician's evaluation. *See* (Doc. 16, pgID 1138) (citing Doc. 9, pgID (68-69).² In the cited pages, the reviewing physician listed Mrs. Huse's “Allegations of Impairments” without including pudendal neuralgia or “gastrointestinal issues” among them. (Doc. 9, pgID 116-17).

¹ The ALJ also found that Mrs. Huse had a severe impairment from fibromyalgia, (Doc. 9, pgID 68-69, which also can cause abdominal pain. *See* <https://www.mayoclinic.org/diseases-conditions/fibromyalgia/symptoms-causes/syc-20354780#:~:text=Fibromyalgia%20is%20a%20disorder%20characterized,process%20painful%20and%20nonpainful%20signals>.

² Mrs. Huse cites the administrative record page numbers. The pgID number for this citation is 116-17.

It is not surprising that the state agency physician who reviewed Mrs. Huse's application did not include pudendal neuralgia or any other bladder-related impairment among her alleged impairments. In her Disability Report, Mrs. Huse did not list pudendal neuralgia or a bladder-related impairment among the conditions that "limit[ed] [her] ability to work." (*Id.*, pgID 226). She did include her bladder-related treatments in response to the Report's direction that she list her prior "Medical Treatment," but she described it as follows:

I was treated [w]ith bladder issues due to the main nerve being cut on a surgery 13 years ago.³ Had three surgeries to control bladder usage. These were called bladder blocker those were all done in 2015. Then with the main nerve being cut my left side was in a lot of pain. Dr Chung did the Nerve Pain Test with a q-tip. The pain was unbearable. Then he stated that Fibro[myalgia] could be a diagnosis. Sent me to [f]amily [doctor] he then diagnosed me with Fibromyalgia. I have lived with this pain for years and last year the Dr. Chung found the cause. All the above medications make me dizzy and sometimes confused. With Fibro[myalgia] it is extremely hard to get out of bed and due [sic] daily activities

(*Id.*, pgID 231).

In the Disability Report's section titled "Remarks," Mrs. Huse discussed her fibromyalgia pain and her prior surgeries but did not mention urinary symptoms. (*Id.*, pgID 234). Thus, although she reported that she previously underwent bladder treatment, she did not indicate that any current urinary symptoms limited her ability to work.

Similarly, in her Adult Status Report, in response to a question regarding how her impairments impacted her ability to work, Mrs. Huse explained that she had limitations caused by fibromyalgia, prior surgeries and medication-induced dizziness, but again did not mention any urinary symptoms. (*Id.*, pgID 236).

³ Surgical damage to the pudendal nerve is a recognized cause of pudendal neuralgia. <https://rarediseases.info.nih.gov/diseases/10713/pudendal-neuralgia>.

Thus, although Mrs. Huse listed prior procedures related to her urinary difficulties, she did not identify them as a basis for her claim.

In contrast, at her hearing, Mrs. Huse testified extensively regarding her urinary symptoms. She claimed that twice per week she experienced flare-ups that required her to visit the bathroom as frequently as six to seven times a day, (*Id.*, pgID 98-99), and to remain there for about fifteen minutes in order to empty her bladder, (*Id.*, pgID 100).

The ALJ *did not* find Mrs. Huse's pudendal neuralgia not medically determinable, as Mrs. Huse alleges.⁴ Instead, the ALJ questioned her at the hearing about the related symptoms and specifically addressed them in her decision. The ALJ found the neuralgia to be a severe disease. (*Id.*, pgID 68-69). She explained her determination not to include limitations in Mrs. Huse's RFC based on urinary symptoms:

[T]he record does not document the frequency and duration of urination as described by the claimant at hearing. This is not to say that the claimant was symptom free or did not experience difficulty performing some tasks. However, the objective evidence does not demonstrate the existence of limitations of such severity as to have precluded the claimant from performing all work on a regular and continuing basis at any time from the alleged onset date of disability.

(*Id.*, pgID 73).

Thus, Mrs. Huse's objection that the ALJ found her gastrointestinal issues not medically determinable lacks merit.

⁴ The ALJ specified the impairments she found not medically determinable: left-sided nerve injury and stage II kidney disease. (*Id.*, pgID 69).

Conclusion

I agree with Mrs. Huse that the Magistrate's opinion did not directly address the argument that she now has articulated. For the reasons discussed above, however, I agree with the Magistrate's determination to affirm, rather than remand, the ALJ's decision.

It is therefore

ORDERED THAT:

- 1) Plaintiff's objection to the Report and Recommendation (Doc. 16) be, and the same hereby is, overruled;
- 2) The Report and Recommendation (Doc. 15) be, and the same hereby is, adopted in part and rejected in part, as set out above;
- 3) Plaintiff's request for review be, and the same hereby is, denied with prejudice; and
- 4) The Clerk of Court shall mark this matter closed.

So ordered.

/s/ James G. Carr
Sr. U.S. District Judge